



091925236

Cofc

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	Patent#: 6,969,611
		Filing Date	Issued: November 29, 2005
		First Named Inventor	Chaitan KHOSLA Certificate
		Art Unit	1652 FEB 16 2006
		Examiner Name	N. Nashed
Total Number of Pages in This Submission	6	Attorney Docket Number	300622000123 of Correction

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Certificate of Correction (2 pages) Certificate of Correction (1 page) Return Receipt Postcard
<input type="checkbox"/> Remarks Customer No. 25225		

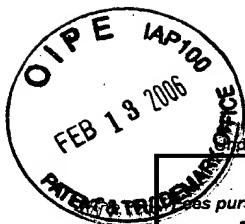
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Kate H. Murashige		
Date	February 9, 2006	Reg. No.	29,959

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 9, 2006

Signature: (Marian L. Christopher)



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Effective on 12/08/2004.

Fee Transmittal
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100.00)

Complete if Known	
Application Number	Patent#: 6,969,611
Filing Date	Issued: November 29, 2005
First Named Inventor	Chaitan KHOSLA
Examiner Name	N. Nashed
Art Unit	1652
Attorney Docket No.	300622000123

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
			0.00
- =	x	=	

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
	0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
			0.00
- =	x	=	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		/50	(round up to a whole number) x	= 0.00
- 100 =				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

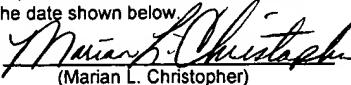
0.00

Other (e.g., late filing surcharge): 1811 Certificate of correction

100.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone	
Signature	Kate H. Murashige	29,959	(858) 720-5112	
Name (Print/Type)	Kate H. Murashige	Date	February 9, 2006	



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to:
Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313-1450, on the date shown below.
Dated: February 9, 2006 Signature: 
(Marian L. Christopher)

Docket No.: 300622000123
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:
Chaitan KHOSLA et al.

Patent No.: 6,969,611

Issued: November 29, 2005

For: METHODS TO PREPARE CELLS
COMPRISING HETEROLOGOUS
POLYKETIDE SYNTHASE EXPRESSION
SYSTEMS

REQUEST FOR CERTIFICATE OF CORRECTION PURSUANT TO 37 CFR 1.323

Attention: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Upon reviewing the above-identified patent, Patentee noted an omission which should be corrected.

In the Specification:

At page 1, following the paragraph entitled "Cross-reference to Related Applications," the following paragraph should be inserted:

--Governmental Funding

This invention was made with Government support under contract CA66736 awarded by the National Institutes of Health. The Government has certain rights in this invention.--

sd-301365

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The error was found in the application as filed by applicants. Please charge our Deposit Account No. 03-1952, referencing Docket No. 300622000123, in the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a).

The error now sought to be corrected is an inadvertent omission the correction of which does not involve new matter or require reexamination.

Transmitted herewith is a proposed Certificate of Correction effecting such amendment. Patentee respectfully solicits the granting of the requested Certificate of Correction.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-1952, under Order No. 300622000123.

Dated: February 9, 2006

Respectfully submitted,

By Kate H. Murashige
Kate H. Murashige
Registration No.: 29,959
MORRISON & FOERSTER LLP
12531 High Bluff Drive
Suite 100
San Diego, California 92130-2040
Telephone: (858) 720-5112
Facsimile: (858) 720-5125

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 6,969,611
APPLICATION NO. : 09/925,236
ISSUE DATE : November 29, 2005
INVENTOR(S) : Chaitan KHOSLA et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

At page 1, following the paragraph entitled "Cross-reference to Related Applications," the following paragraph should be inserted:

--Government Funding

This invention was made with Government support under contract CA66736 awarded by the National Institutes of Health. The Government has certain rights in this invention.--

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Kate H. Murashige
MORRISON & FOERSTER LLP
12531 High Bluff Drive
Suite 100
San Diego, California 92130-2040